

Clark County Coroner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210



AUTOPSY REPORT

Case Number: [REDACTED]

October 4, 2017

POSTMORTEM EXAMINATION ON THE BODY OF

[REDACTED]

Date of Pronounced Death: October 2, 2017

Date of Postmortem Examination: October 4, 2017

EXTERNAL EXAMINATION:

The body was received sealed with a seal number [REDACTED] along with the identification tag. The body was that of a normally developed and nourished, [REDACTED], male, appearing about the recorded age of [REDACTED] years. The body measured 65 inches in length and weighed 166 pounds. Rigor mortis had passed. Livor mortis was present posteriorly and fixed. Clothing consisted of two pieces of shirt, jeans with belt, underwear, socks and boots. The head was normocephalic and the scalp hair was brown. The eyes had white sclerae, pale conjunctivae, and hazel irides. The dentition was natural. There was stubble. No lesions of the oral mucosa were identified. There were no masses discernable in the neck and the larynx was in the midline. The abdomen was flat. The external genitalia were those of a normal adult circumcised male. There were tattoos on the anterior torso, back and left upper extremity.

EVIDENCE OF TREATMENT: None

EVIDENCE OF INJURY:

PERFORATING GUNSHOT WOUND TO THE RIGHT CHEST:

There was a 0.7 cm x 0.5 cm round through and through entrance gunshot wound on the chest, 14 inches below the top of the head and 3-3/4 inches right of the of the anterior midline. There was marginal abrasion on the wound. There was no soot or gunpowder stippling noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, anterior third rib, right lung, heart, left lung, posterior soft tissue of the left chest wall, and ended at an exit wound having

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PAGE TWO

an irregular appearance with lacerations on the left upper back, 18 inches below the top of the head and 5 inches left of the posterior midline. Associated injuries included hemorrhage along the wound path, bilateral hemothoraces of at least 50 mL in the right pleural cavity and of at least 350 mL in the left pleural cavity. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries:

There was a ¼ inch x ¼ inch abrasion on the posterior right elbow. There was a 1 inch x ¼ inch cluster of abrasions on the posterior right wrist. There was a ¼ inch x ¼ inch abrasion on the posterior right hand along the second and third metacarpal area.

SPECIMEN RETAINED: None

RADIOGRAPHS:

Anterior postmortem radiographs together encompassing the head, torso and extremities were taken and findings were included in the evidence of injury.

FINAL DIAGNOSES

1. Perforating gunshot wound to the right chest
2. Abrasions on the posterior right elbow, wrist and hand

OPINION:

It is my opinion that death was caused by gunshot wound to the right chest sustained during mass fatality incident.

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PAGE THREE

PERFORATING GUNSHOT WOUND TO THE RIGHT CHEST:

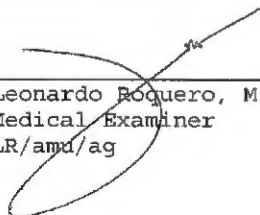
There was a through and through entrance gunshot wound on the right upper chest. There was no evidence of close range of firing noted on the skin surrounding this wound. The wound track proceeded from this injury through the soft tissue, anterior third rib, right lung, heart, left lung, posterior soft tissue of the left chest wall, and ended at an exit wound on the left upper back. Associated injuries included hemorrhage along the wound path and bilateral hemothoraces. The wound track was from front to back, right to left and downward when the body is viewed in the standard anatomical position. There was no bullet or part of bullet recovered from the wound track.

Additional injuries included abrasions on the back of the right elbow, wrist and hand.

Postmortem toxicology report revealed blood alcohol concentration (BAC) of 0.097 g/100mL as well as breakdown product of cocaine and methadone in the blood.

CAUSE OF DEATH: Gunshot wound to the right chest

MANNER: HOMICIDE


Leonardo Roquero, M.D.
Medical Examiner
LR/amd/ag

DATE: 12/20/2017